

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39505

State File No.

BIRTH NO.		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 6088		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY <i>Saline</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Saline</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural-Miami</i>				c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Miami</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS <i>3 1/2 West East Miami</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>CAROLINE</i> b. (Middle) <i>MATILDA</i> c. (Last) <i>CUNDIFF</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 5 - 1950</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Oct - 11 - 1886</i>	
9. AGE (In years last birthday) <i>64-1-28</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Memphis Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U</i>		13a. FATHER'S NAME <i>Milo E Pinney</i>		13b. MOTHER'S MAIDEN NAME <i>Harriet Skinner</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Fannie Harris</i> ADDRESS <i>State Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardio-Vascular Disease</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chl Nephritis</i> DUE TO (c) <i>Senility</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>592X</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June</i> , 19 <i>48</i> , to <i>Dec 7</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Nov 20</i> , 19 <i>50</i> , and that death occurred at <i>5 P</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Ron McKinney M.D.</i>				23b. ADDRESS <i>Marshall Mo</i>		23c. DATE SIGNED <i>12-7-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec-7-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Miami Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Miami Mo</i>	
DATE REC'D BY LOCAL REG. <i>12/9/50</i>		REGISTRAR'S SIGNATURE <i>Mr. Earl C. Nelson</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Jones & Selzer</i> ADDRESS <i>State Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-12-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12-12-50 _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____
Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.